

**LENAWEE COUNTY DRAIN COMMISSIONER'S OFFICE**  
 320 Springbrook Ave., Adrian Michigan 49221 (517)264-4696 Fax:(517)264-4785  
**SOIL EROSION AND SEDIMENTATION POLLUTION CONTROL APPLICATION**  
**PART 91 OF ACT 451**

|   |           |                  |             |
|---|-----------|------------------|-------------|
| <b>PERMIT#</b>  |           |                  |             |
| <b>APPLICANT:</b> _____ LANDOWNER _____ DESIGNATED AGENT*   |           |                  |             |
| LANDOWNER'S NAME:   |           | ADDRESS:         |             |
| CITY:   | STATE:    | ZIP:             | PHONE:      |
| <b>PARTIES RESPONSIBLE FOR EARTH CHANGE:</b>  |           |                  |             |
| NAME:   |           | COMPANY NAME:    |             |
| ADDRESS:  |           | CITY:            | STATE: ZIP: |
| PHONE:  |           |                  |             |
| <b>SITE LOCATION</b>  |           |                  |             |
| SECTION:  | TOWNSHIP: | CITY:            | VILLAGE:    |
| ADDRESS:  |           | PHONE:           |             |
| <b>PROPOSED ACTIVITY OR EARTH CHANGE</b>  |           |                  |             |
| HOUSE CONSTRUCTION _____ POND _____ SEAWALL _____ OTHER:  |           |                  |             |
| TYPE OF EARTH CHANGE:   |           | ACRES DISTURBED: |             |
| DISTANCE TO NEAREST WATERCOURSE:  |           | WATERCOURSE:     |             |
| START DATE:   |           | END DATE:        | TOTAL DAYS: |
| MEASURES TAKEN TO PREVENT EROSION:  |           |                  |             |
|   |           |                  |             |
| MEASURES TAKEN TO PREVENT OFF SITE SEDIMENTATION:   |           |                  |             |
|   |           |                  |             |
| PERSON ON-SITE RESPONSIBLE FOR EARTH CHANGE:  |           |                  | PHONE:      |
| * Designated Agent must submit a written statement from owner authorizing him/her to secure a permit in their name. |           |                  |             |

I (we) affirm that the above information is accurate and that I (we) will conduct the described earth change in accordance with Part 91 of Act 451 of 1994, as amended, its corresponding rules, applicable local ordinances and the agreements accompanying this application.

|                            |                  |                  |      |
|----------------------------|------------------|------------------|------|
| Designated Agent Signature | Date             | Owner Signature  | Date |
| <b>OFFICE USE ONLY</b>     |                  |                  |      |
| APPLICATION REVIEWED BY:   |                  | Date:            |      |
| AUTHORIZED SIGNATURE:      |                  | Date:            |      |
| ISSUE DATE:                | EXPIRATION DATE: | TOTAL DAYS:      |      |
| PERMIT FEE:\$              | BOND:\$          | TOTAL AMT DUE:\$ |      |

